



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

05/07/91

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986945517

FACILITY NAME -> NYS LI PK & REC - HEMPSTEAD LK STATE PK

MAILING ADDRESS -> LAKE DR & EAGLE AVE
WEST HEMPSTEAD, NY 11552

INSTALLATION ADDRESS -> LAKE DR & EAGLE AVE
WEST HEMPSTEAD, NY 11552

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: WINTENBERGER ELIZABETH PK MGR
NYS LI PK & REC - HEMPSTEAD LK STATE PK
LAKE DR & EAGLE AVE
WEST HEMPSTEAD, NY 11552

WILLIAM H. HARRIS, JR. 77225

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

91-03-20

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NYD986945517

II. Name of Installation (Include company and specific site name)

HEMPSTEAD LAKE STATE PARK

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

LAKE DRIVE AND EAGLE AVENUE

Street (continued)

City or Town

WEST HEMPSTEAD

State

ZIP Code

NY 11552-0066

County Code

County Name

NASSAU

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

WINTENBERGER

ELIZABETH

Job Title

Phone Number (area code and number)

PARK MANAGER

516-766-1029

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

B O X 2 4 7

City or Town

BABYLON

State

ZIP Code

NY 11702-0247

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

NYS IT PARKS & RECREATION

Street, P.O. Box, or Route Number

B O X 2 4 7

City or Town

BABYLON

State

ZIP Code

NY 11702-0247

Phone Number (area code and number)

516-669-1000

B. Land Type

C. Owner Type

D. Change of Owner

(Date Changed)

S

S

Yes No

Month Day Year

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☒ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)
4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☒ b. Other Marketers
☐ c. Burner - Indicate device(s) - Type of Combustion Device
2. Transporter (Indicate Mode in boxes 1-5 below) ☒
☐ a. For own waste only
☐ b. For commercial purposes
Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☒ b. Other Marketer
☐ c. Burner - Indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐
(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
F 0 0 3

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature Daniel J. Lynch Name and Official Title (type or print) Daniel Lynch Date Signed 3/13/91

XI. Comments

Infrequent waste generator.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)